

Humber and North Yorkshire Integrated Care System York Dentistry – Commissioning Overview

1. Background

Humber and North Yorkshire Integrated Care System has been responsible for the commissioning and contracting of all NHS dental services across York since April 2023.

Dental services commissioned by the NHS include:

- Primary Care (generally high street dentistry), accessed by patients directly. Primary care commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs).
- Community Dental Services (CDS) – primary and specialist dental care for patients who cannot be managed by a primary care practice and who have additional health and/or social care needs. By referral only.
- Intermediate Minor Oral Surgery (IMOS) – by referral from a dentist.
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 2 and 24 hours. This does not include emergency care, which is for dispositions which require a clinical assessment within 2 hours and which can only be provided by the A&E pathway.
- Secondary care – specialist service by referral only.

Dentistry for the armed forces is commissioned separately by the NHS England Armed Forces team and the Health and Justice Team commissions dentistry in prisons.

The NHS commissions a total of 495,074 Units of Dental Activity across 27 practices in Vale of York. Distribution of practices across York is good with practices focussed in areas of population density and includes more deprived areas. A list of the dental practices is included below.

Oasis Dental Care Limited	Abbey Dental Care
Petrie Tucker & Partners Limited	Perfect Smile Clinic (UK) Limited
York Pioneer Business Park Partnership	Selby Dental Care Limited
Hemsley Smiles Limited	Hopkins & Poyner Dental Surgery
Clifton Moor Dental Centre	Finkle Hill Dental Care Limited
Market Lane Dental Care	The Dental Hub
Denbond Limited	Mr JE Martin, Wiggington Dental Practice
Alpha Dental Kirkbymoorside	Mr K Leeson, Woodthorpe Dental Centre
York Dental Limited	Restore 32 Dental Practice
Red Lea Dental Practice	Pickering Dental Practice
Lawrence Street Dental Practice Limited	Mr Jagdeep Matharu, Park Street Dental Practice
Clock House Dental Practice	Nunnery Lane Dental Practice
Clifton Dental Practice Limited	Lloyd Lane Limited t/a Kirkgate Dental Surgery
	Mr JS Gakhal

While Humber and North Yorkshire Integrated Care System has the remit for commissioning dental services, Local Authorities have statutory responsibilities around oral health improvement, including commissioning evidence based oral health improvement programmes to meet the needs of the local population.

The purpose of this report is to update members on the current key challenges facing dental services, provide an update on the outcome of an updated oral health needs assessment for the Yorkshire and the Humber population, outline the current dental access position for York and highlight the work taking place to strengthen future service provision.

2. Key issues

Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established, nearly a decade ago and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care. From 1 April 2023, these arrangements have been delegated to HNY ICB.

Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider and is a key factor to the challenge outlined above.

Procurement: procurement laws introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

Patient perceptions: it may not always be clear to patients how NHS dental services work, for example:

- **'Registered' lists** - Patients often think that they are registered with a dental practice in the same way that they are registered with a GP, however, this is not the case. GP practice contracts are based on patient lists, but dental practices are contracted to deliver activity. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care, however many practices do tend to see patients regularly.
- **NHS Services are 'free at the point of delivery'** – however, dental services are not 'free' but are 'subsidised' with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment. The contribution is determined by the course of treatment. The national dental charges are set, on a three-band tariff, each year. Practices must display this information within their clinics.
- **Private dental care** – Many dental practices offer both NHS and private dental care, which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.
- **Practices accepting new patients for regular dental care** - www.nhs.uk is the digital platform, which supports patients to navigate the healthcare system. As part of the dental contract reforms, launched in 2022, dental practices will be mandated to keep their profile pages up to date. The ICB does not keep records of practices who are accepting new patients nor does it hold data on waiting lists at individual practices.

Impact of Covid-19 Pandemic: The COVID-19 pandemic led to several months of practice closures, followed by months of limited patient throughput due to heightened infection prevention and control requirements, significantly impacting on access to dental services. While the number of available appointments for regular and routine treatment is increasing, dental practices continue to balance the challenge of clearing backlogs with managing new patient demand, all at the same time facing significant workforce challenges which have been exacerbated by the pandemic.

3. Understanding oral health needs across Yorkshire and Humber

Given the current challenges, and the need to prioritise urgent dental care where it is most needed, further work has taken place to review and assess the oral health needs of the Yorkshire and Humber population. This report provides an update on the headline information from this recent work, including details of hospital dental extractions in children aged from 0-19 which is a predictor of decay in later life and can help to support future planning of dental services.

Updated Oral Health Needs Assessment headline information

An Oral Health Needs Assessment (Y&H) was completed in May 2022. The purpose of this work is to help understand the oral health inequalities across Yorkshire and Humber and the evidence base. This will inform the principles that will underpin strategy and work programme development, address inequalities and meet population need and demand.

Consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including:

- individuals and communities that are deprived and vulnerable children known to the social care system; and
- individuals with severe physical and/or learning disabilities, poor mental health, who are overweight or obese, older adults, prison leavers, homeless, Gypsy, Roma and Traveller Communities, asylum seekers, refugees and migrants.

Locality profiles have been developed which together with local knowledge will help to inform future dental commissioning decisions. Locality profiles assist in identifying the most deprived areas which are likely to experience greater oral health inequalities, yet have either no NHS dental services or would benefit from additional resource. The locality profiles will be useful to guide future commissioning of services with the recommendations from the 2022 Oral Health Needs Assessment has informed the NHS England Dental Strategy for Yorkshire and Humber, which has been passed onto the ICB. The Locality Profile for York is attached as Appendix 1.

Hospital Dental Extractions

Most children accessing secondary care will do so for dental extractions under general anaesthetic. Nationally, there has been a 58.4% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19-year-olds compared to 2020/21, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID19 outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand.

What this means for dental service planning for the future

The population of York, in common with the remainder of the Yorkshire and Humber region, has an increasing and ageing population. It is anticipated that there will be a 2% increase between 2020 and 2040 which will increase demand on dental services. In particular, the predicted increase in the

population of older adults (65+ years) by 28% and increase in the population of the 85+ age group between 2020 and 2040 by 65% will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates, and provision of domiciliary care for those who are housebound. The World Health Organisation recognises that good oral health is an essential part of active ageing.

Translation Services

To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. It is contractual requirement that dental practices and the Urgent Care providers have arrangements in place to support patients who access care and require translation services.

The recent Oral Health Needs Assessment (OHNA) has identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language barriers in accessing dental care. Migrants do not require proof of address or proof of immigration status to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

4. NHS dental services and current initiatives to strengthen access

National Dental System Reforms

The outcome of the national 2022/23 dental contract system reform negotiations have been confirmed by NHS England and represents the first significant change to the contract since its introduction in 2006. These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. They include:

- NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more.
- Dental therapists will be able to provide additional NHS treatments, which will free up dentists' time for urgent and complex cases.
- Making services more accessible for people, dentists must update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.
- High-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible, subject to commissioner approval.
- The new reforms will ensure that dentists, will be able to recover dental services following the impact of the pandemic.

Local initiatives in York to strengthen urgent access

Additional funding has been made available to NHS Dental practices to support a range of initiatives with an aim to increasing capacity and improving access to dentistry.

Extra sessions have been commissioned - between November 2022 and March 2024 - to target those patients in greatest need of accessing available NHS Dental Care. Participating practices are offering NHS care to any patient:

- Requiring urgent dental care treatment presenting via NHS 111 direct booking, signposting and/or through local practice walk in, where an urgent course of treatment will be provided.
- Presenting with a dental complaint via NHS 111 signposting and/or through local practice walk in, where an examination and banded course of treatment will be provided.

In York, between November 2022 and September 2023, there were 5 practices delivering these urgent access sessions. This equated to a total of 201 sessions delivered. An extension to March 2024 has just been announced and we are awaiting responses from providers.

Incentivising recruitment

On both a national and local footprint, work is underway to identify solutions to the workforce recruitment and retention pressures in dental services which are impacting on practices' abilities to see patients.

Using the Oral Health Needs Assessment information, York was identified as one area for a targeted scheme, offering a one-off incentivised payment scheme to help with recruitment and retention of dentists. Local eligible practices were contacted, however, none took up the offer of this scheme.

Increasing and retaining our NHS workforce remains a priority for the ICB. A 'Dental Workforce Transformation Plan' is in place which sets out the ICB's commitment to develop the dental workforce and ensure strong clinical leadership through six identified areas for change and its associated action plan.

A key element linked to the delivery of the Dental Workforce Transformation Plan is the establishment of Centres for Dental Development across the ICB. These will be a new delivery centre, where patients can access dental services offered by a range of trainees and supervisors. These centres will operate as recognised centres of excellence which are able to provide mentorship and support to dentists across HNY at all stages of their careers. Although early plans aim to establish the first centre in Hull, the plan includes further rollout of these centres across the ICB.

Dental Flexible Commissioning Programme

The Flexible Commissioning Programme aims to improve access to dental care and to increase the delivery of evidence-based prevention in primary care, whilst supporting practices to deliver their contract commitments by utilising a professional skill mix.

An evaluation of the Yorkshire and Humber Flexible Commissioning Programme demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the full dental practice team. The evaluation has enabled further refinement of the programme to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently three established flexible commissioning practices in York taking part in the flexible commissioning programme. Practices may twist up to 10% of their contracted UDAs in order to provide dedicated patient focused care. One of the conditions is that the practice must have a dedicated Oral Health Champion who leads the practice in delivering the programme as well as liaising with agencies, care homes and school in preventative dental issues.

This current scheme is due to complete on 31 March 2024. The ICB is committed to continuing this work and a steering group, chaired by the Local Dental Network chair, is in place to review the programme and to establish a new service specification. These changes aim to open the programme up to more practices, enable further opportunities to 'twist' services and to reward positive results. Until the revised scheme is ready to launch, the ICB is committed to supporting the current flexible commissioning practices to continue under the current scheme.

Waiting list validation schemes

Dental practices do not currently have validated patient waiting lists, so the number of patients waiting to access regular NHS dental care is unknown. To address this, funding was made available to pilot a method and toolkit aimed at supporting practices to carry out a piece of work to validate their lists. The key purpose of this work was to support the planning and delivery of future commissioned service models to meet unmet need. The ICB is currently applying the learning from this pilot to revise the service specification and toolkit, and will reach out to eligible practices in the coming weeks to rollout out this waiting list validation scheme across HNY.

Review of Community Dental Services

Community Dental Services (CDS) provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by general dental practices. A service review of Yorkshire and Humber CDS commenced in February 2022, which set out key recommendations to inform discussions in relation to future service design, including commissioning intentions for paediatric GA services and other pathway approaches. The findings have informed discussions with CDS stakeholders as the ICB looks to invest in these contracted services for a further 18 months from October 2023.

Harrogate and District NHS Foundation Trust provide the Community Dental Services (CDS) across the City of York. The aim of the CDS is to improve the oral health and reduce the oral health inequalities of people in Yorkshire and the Humber who have a physical, sensory, intellectual, mental, medical, psychological and/or emotional or social impairment or disability, or more often a combination of these through providing high quality consultant-led paediatric and special care dentistry to children and adults; this will include children with more complex dental needs, and providing dental care to people from vulnerable groups whose needs may not be accommodated in NHS general dental services. The CDS provides a comprehensive range of dental care including anxiety and behaviour management (non-pharmacological), basic and advanced sedation, services under General Anaesthesia (GA) and care in domiciliary settings.

Services are currently provided from multiple sites around York including Monkgate Health Clinic, Cornlands Road Clinic and Tang Hall Clinic.

Care Homes

Many residents in care homes across Yorkshire and the Humber do not have access to regular dental care. However, for York, the majority of care homes are linked into a primary care service (543 Dental Care of Hull) who oversee their residents' dental care via a domiciliary service.

5. Conclusion

The ICB is aware that access to dental services is a priority for all stakeholders and officers are keen to work with contractors, local councillors and MPs to improve services for its residents. Please see Appendix 2 for information on our 23/24 year-end investment plan and Appendix 3 for an update following the August 2023 session with Rachael Maskell, MP.

Paper prepared by

Julie Warren, Director of Primary Care & Commissioning HNY ICB, September 2023

(updated by Debra Leadbetter, Primary Care Programme Lead, November 2023)

Dental Locality Profile – York

March 2023

Overview

- City of York Council is a unitary authority in Humber & North Yorkshire ICB (population 211,012) which in common with the remainder of the region has an **increasing and ageing population**.¹
- There is a relatively small ethnic minority population¹.
- 11.9% of York's population smoke and 61.4% of adults are classified as either overweight or obese. Alcohol related mortality in York in 2020 was 35.1/100,000 people.²
- There are common risk factors for tobacco, alcohol and sugar consumption with oral diseases.

Positives

- Children's oral health continues to improve in York overall. Whilst there was a slight increase at the last dental survey in 2019, the average levels of dental decay are still below the national average for 5-year-olds in England^{3,4}.
- Distribution of practices across York is good with practices focussed in areas of population density and includes more deprived areas (see maps).
- Access rates for both adults and children in York are higher than the national rates.
- UDAs commissioned per capita in York is higher than H&NY ICB and about the same as YH
- High delivery of commissioned UDAs (96% in 2019/20).
- Primary care specialist orthodontic practices.
- Good local engagement with YH developments (transitional / flexible commissioning programme including referrals via social services).
- Local development of level 2 paediatric services in NHS dental practice (pilot imminent)
- Active local authority commissioned evidence informed prevention programmes focussed on children (including supervised toothbrushing, oral health packs and oral health training for healthcare professionals) and health trainers deliver smoking cessation.
- Newly commissioned practices have included innovation including oral health champions and sessional care for high needs patients to reduce oral health inequalities.
- Dental access through engagement with HEE/foundation dentists.

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Challenges

- **Poor oral health is largely preventable.** Oral disease developed in childhood has lifelong consequences. Access to timely prevention and care needs to adopt a **life course approach** and should include increasing access to fluorides, dietary control of sugars and reducing tobacco and alcohol use.
- There is no simple formula for **estimation of unmet need** in an area. Dental needs can be unmet due to a variety of reasons (waiting lists/volume commissioned, cost, physical access to premises, ability to travel, opening hours/ability to take time off work/caring responsibilities). Most patients would like a

relationship/registration with a named practice of the type that exists for general medical services and to access those services as they choose (either regularly or only occasionally or when they have an urgent need). GP practices have patient lists whilst dental practices are contracted to delivery activity. Dental practices are obliged only to deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

- **Expectations of retaining some or all dentition for life** will be resource intensive. Maintenance of a heavily restored dentitions is complex potentially requiring specialist skills and often compounded by medical complexity, polypharmacy and the ability to self-care as an individual ages.
- **Access to data** – the local authority has the commissioning responsibility for the epidemiology fieldwork but are currently unable to secure a provider. There will be no further updates to the data currently reported in the oral health needs assessment unless this situation is addressed as a priority. It is essential that epidemiological surveys continue to be commissioned to enable identification of oral health inequalities.
- Local engagement in York has highlighted locations of services that support vulnerable groups/those with increased risks of oral health inequalities such as children centres, schools (identified with increased oral health need), gypsy Roma traveller communities, refugees and asylum seekers, individuals using temporary accommodation and food banks.
- May be an increased demand on practices from individuals travelling into York from North Yorkshire for access to dental services.

Current workstreams

- Review of YH **Community Dental Services** which has led to focussed work on recovery of dental GA services, workforce development (including level 2) and development of dental sedation services.
- NHSE YH accreditation of **level 2 paediatric practitioners** from the 1st cohort of the 2yr training programme developed by HEE YH. 3rd training cohort currently being recruited. Level 2 paediatric pilot in a Wakefield dental practice working within a consultant led paediatric pathway is imminent.
- **Level 2 Special Care** Dentistry training programme has also been developed and the 1st cohort are being recruited.
- **Transformational commissioning** – review and further development / merging of flexible commissioning and access programmes focussed on need and addressing inequalities.
- **Waiting list validation** – seeking to understand how practices record and manage waiting lists.
- **Domiciliary care** – access to dental care for those patients who are for housebound and unable to access local dental practices.
- Development of Restorative Dental pathway at York Hospital Trust

In the future we need to consider....

- **Access to prevention** interventions for all ages (life course), including expansion of delivery of prevention focussed practices (transformational/flexible commissioning)

- Patient facing **communications** – NHS dentistry how and when to access, recall intervals based on need (NICE guidance)
- Development of pathways that meet the **needs of an ageing population** - not just domiciliary services. Integration of pathways with the wider system (eg. post diagnosis), development of the dental team (level 2 SCD etc), estate/physical access.
- **Investment** – focussed on need and addressing inequalities. The OHNA assessment and commissioning data leads to the identification of the following areas:

<i>Reallocation of resources to existing practices (within year / small numbers of UDAs)</i>	
Wards with the highest level of deprivation in the first instance.	Clifton (IMD 4) Guildhall (IMD 6) Heworth (IMD 6)
<i>Commissioning in a new location/recommissioning in an existing location/retaining an existing practice</i>	
IMD 3 - no GDS services commissioned	Westfield
IMD 4-6 – GDS services commissioned	Clifton (IMD 4) Guildhall (IMD 6) Heworth (IMD 6)

Investment decisions should also consider:

- Population distribution – see maps.
- Accessibility / transport links
- Contract delivery – poorer delivery may have underlying factors that investment may mitigate, for example opportunities for career/practice development/specialisation
- Contemporary intelligence from key local stakeholders

Population and their oral health needs

	York	H&NY ICB	Yorkshire & the Humber	England
Population¹	211,012			
Predicted change in population (2020-2040) -All ages	2%	3%	6%	
0-19 years of age	-6%	-7%	-2%	
20-64 years of age	-3%	-5%	0%	
65+ years of age	28%	36%	33%	
85+ years of age	65%	74%	66%	
Epidemiology				
5-year-olds (2019)^{3,4}				
% with experience of decay	18.9%	N/A	28.7%	23.4%
Mean number of teeth affected in those with decay (mean dmft (dmft>0))	3.1	N/A	3.8	3.4
% with sepsis	0.7%	N/A	1.4%	1%
Mildly dependant older (2016)⁵				
Edentulous (no teeth)	32.8%	N/A	32.4%	27%
Of those with teeth - reporting pain in mouth	12.5%	N/A	9.7%	9.5%
% evidence of infection/sepsis	15.8%	N/A	10.7%	7.8%
Oral cancer⁶Standardised rate per 100,000				
Incidence - lip, oral cavity and pharynx (C00-C14)	14.43	N/A	15.26	14.55
Incidence - oral cavity (C00- C06)	8.85	N/A	8.7	8.36
Mortality - lip, oral cavity and pharynx (C00-C14)	4.35	N/A	4.7	4.54
Mortality - oral cavity (C00- C06)	2.05	N/A	2.18	2.19

Red - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

Commissioned dental services

	York	H&NY ICB	YH	England
Primary Care Services				
Numbers of GDS providers	17	170	611	
Wards in York with an NHS dental practice	11 wards. 1 practice in IMD decile 4			
Wards without an NHS dental practice in York	Westfield (IMD 3),Hull Road (IMD 8)Dringhouses and Woodthorpe (IMD 9), Copmanthorpe, Fulford and Hesslington, Heworth Without, Osbaldwick and Derwent, Rural West York, Strensall Wheldrake (IMD 10)			
UDAs commissioned (2019-20)	334,149	2,321,928	8,665,024	
UDAs delivered (2019-20)	319,800	2,139,212	8,003,442	
Total value of commissioned UDAs	£10,385,508.62	£78,487,665.80	£279,907,703.56	
UDAs commissioned per capita	1.58	1.44	1.6	
Specialist primary care services				
Orthodontic providers	1	16	75	
IMOS providers	0	2	19	
CDS providers	1 (HDFT)	3	9	
Dental Access⁷				
Adult (% pop ⁿ in 24 months to 30 th June '22)	38.1%		41.8% (NHS NEY)	36.9%
Child (% pop ⁿ in 12 months to 30 th June '22)	56.2%		48.9% (NHS NEY)	46.2%
Oral Health Prevention				
Fluoride varnish - (0-17yrs) ⁸ - FP17 forms (Nov 2021-Oct 2022)	59.4%	56%	59.5%	54.6%
Innovation in primary care				
Flexible commissioning practices	4	41	152	
Practices in Access scheme	0	10	55	
Practices providing additional urgent access sessions (to end March 2023)	2	25	106	
Practice locations prioritised under 'Golden Hello' scheme (IMD 1)	0	4	120	

Red - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

Figure 1: NHS GDS providers in York superimposed on deprivation (IMD, 2019) (darker = more deprived).

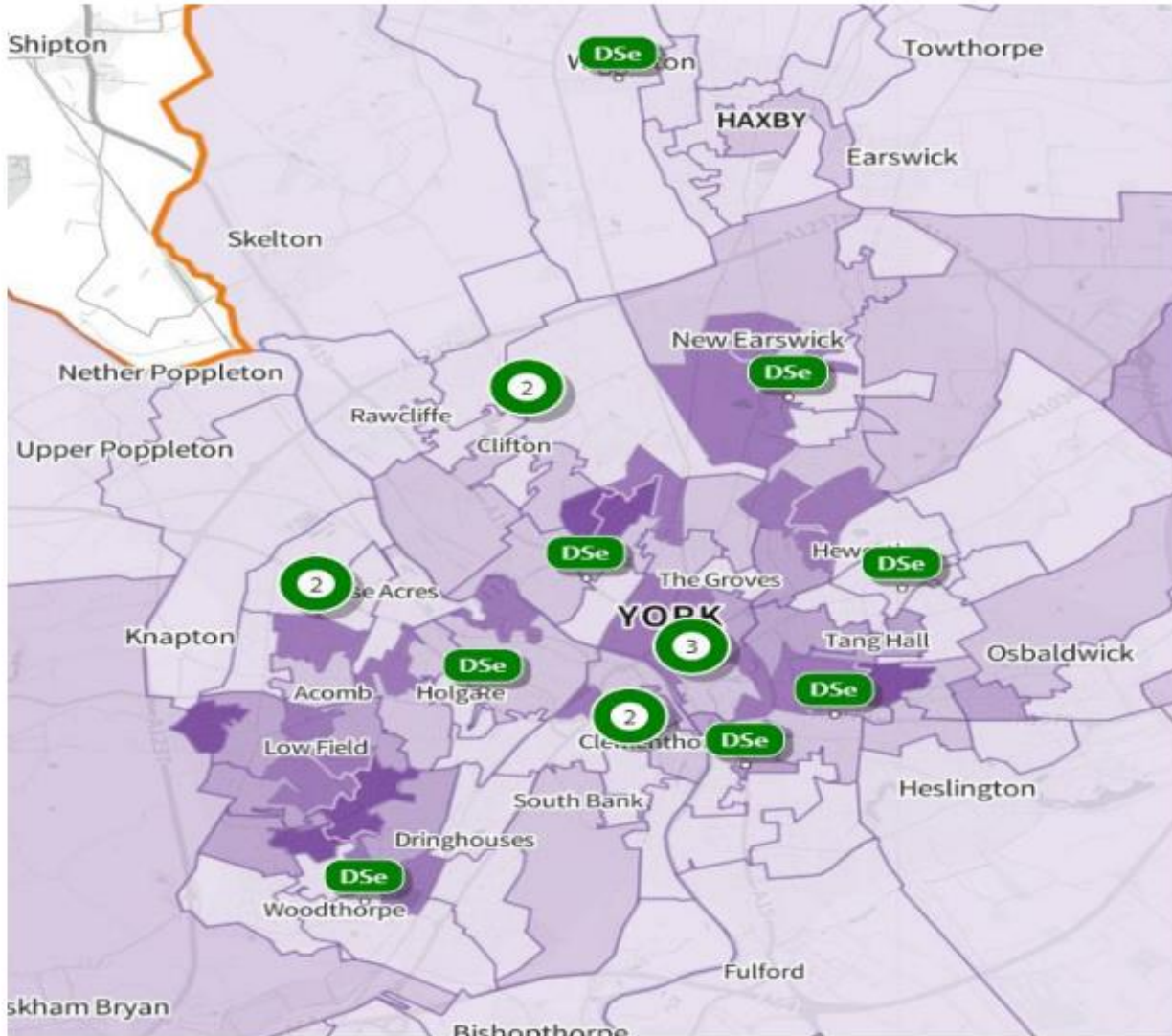
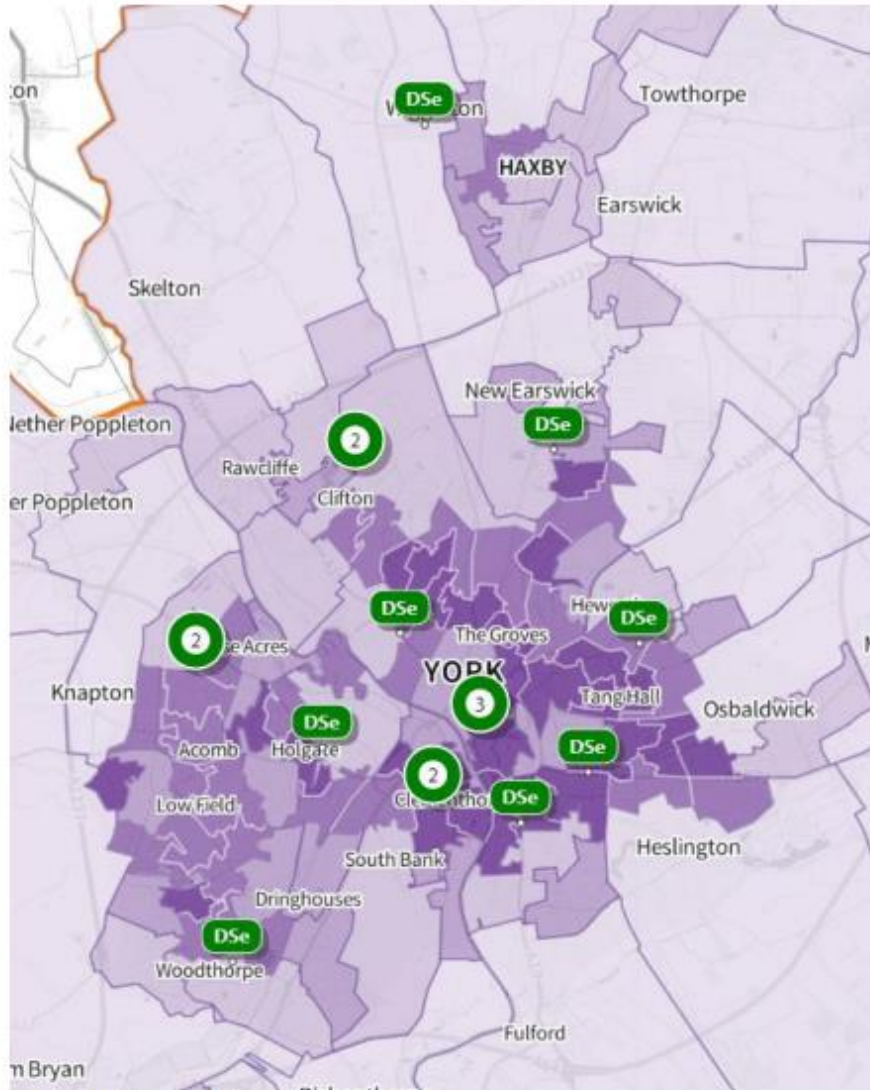


Figure 2: NHS GDS providers superimposed on population density (mid-2020) for York (darker = greater population density) with mapped (source NHSBSA)



York Locality Profile – Final 16.03.23

References

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2. York JSNA on a slide accessed 16 March 2023. <https://www.healthyyork.org/>
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4. Oral health survey of 5-year-old children 2019. PHE, 2020 <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>
5. Oral health survey of mildly dependent older people 2016. PHE, 2019. <https://www.gov.uk/government/publications/oral-health-survey-of-mildly-dependent-older-people-2016>
6. Oral cancer in England Incidence, survival, and mortality rates of oral cancer in England from 2012 to 2016, PHE, 2020. <https://www.gov.uk/government/publications/oral-cancer-in-england>
7. Access data; Annex 2; Table 1 (e and f). NHS BSA <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-annual-report>
8. Fluoride varnish data download. NHS BSA, November 2022.

Appendix 2 – 23/24 Year End Dental Investment Plan

Community Dental Services	Invite providers to review the service and share business plans for investment and improvements aimed at managing new referrals and reducing waiting lists.
Flexible Commissioning	Work with partners to develop tools (e.g. data dashboards, revised service specification, prescribing remit) to revise the current programme. Work within national guidance to consider a 'twist' of up to 25% of the contracted service, whilst reviewing eligibility criteria for the scheme.
110% over delivery payments	Contractors are already able to receive payment for 102% delivery of their UDA targets. From April 2023, can request payment for over delivery up to 110% with ICB approval. Incentivises providers to over deliver thus improving access.
Additional access sessions	Invite existing providers to include one further additional session per week between January to March 2024.
	Invite new, eligible providers to join the scheme.
Acute Mental Health facilities	Patients with acute mental health needs may be living in secure hospital settings as part of their treatment and recovery. These patients require access to urgent and routine dental care, provided close to their hospital setting.
Children	Expand sessional model to seek EOIs from providers for child-only sessions. Sessions would be in addition to usual UDA delivery thus improving access to NHS dentistry for children.
Waiting List Initiatives	Fund practices to review their new patient waiting lists and to then begin accepting new patients during the session.
Engagement with LDCs	Work with LDCs to host an annual local engagement event to share ICB priorities, share positive messages, build relationships and seek feedback on influencing commissioning priorities. Similarly work with LDCs to develop a programme of CPD or peer review to share best practice.
Orthodontics	Offer more activity to providers up to 12.5% in addition to their contracted activity during the final quarter 23/24.
Homeless / NFA / Transient populations pilot*	Expand the model to pilot in other areas of HNY where there is demand / interest. Expand the model to include other inclusion health groups based on local need (e.g. refugees).
Domiciliary Dental Providers	Patients who are living in care homes, are house-bound or unable to visit a dental practice require access to dental services. Consider expanding the scheme.
GP/PCN Links	Explore a pilot to enable GP practices to refer directly to participating dental practices. Linked to OHP in practice, working collaboratively with PCNs to promote oral health initiatives and to improve oral health through preventative programmes and education.

Appendix 3 – Update from Rachael Maskell session (August 2023)

	Action	Owner / Lead	Status	Update: October 2023
1	Arrange a further meeting later in the year - possibly once national dental plan has been published (ICB)	Richard Sykes	in progress	Regional NHSE teams have confirmed that there are no plans to publish the dental recovery plan but elements of it will be released in time. This was due to no national funding identified to support the plans. Richard Sykes is reaching out Rachael's office to arrange a further meeting in February 2024.
2	Explore the option of an ICB Patient Group Directive to support the issuing of prescriptions and expanding the role of dental care practitioners, specifically to support the application of fluoride varnish re preventative approaches	Julie Warren / Jason Atkinson / Deb Leadbetter	in progress	There was a national consultation, which is now closed. National consultation proposed that dental hygienists and dental therapists would be able to supply / administer without the need for PGDs. This would require a legislative change and might not get a response before January. It is a priority for the ICB re the primary care prevention programme so a small working group is being established with ICB pharmacy leads to progress. Commissioning teams continue to prioritise this work and are actively looking for solutions through our links with the ICB's LDN chair and lead pharmacist.
3	Explore the feasibility of a Centre of Dental Development to assist with recruitment and training needs	Jason Atkinson / Rachel Baillie-Smith	in progress	Plans for creating a CDD were discussed and supported at the LDN meeting on 26th September and the first CDD Project Group meeting took place later that same day. A letter has gone out to invite Leeds Dental Institute and Hull York Medical School to join the Humber and North Yorkshire ICB in a formal commissioning partnership to design and deliver a pilot CDD at pace. Training partners are keen to support and a meeting is planned between stakeholders late Oct / early November to outline and shape plans.
4	Look at how better to share data across practices – includes workforce data	Deb Leadbetter	in progress	Commissioners continue to look at ways to share data and information. A new national workforce collection dataset was launched on 1 October 2023 for dental practices to complete twice per year, helping ICBs to better understand their dental workforce. Data will be shared, when available, with ICBs and further discussions on how best to share this information will form part of the primary care workforce agenda.

5	Look at how to make York/Humber and North Yorkshire more attractive to overseas recruitment	Rachel Baillie-Smith	in progress	Established a system-wide Ethical International Recruitment Committee through which we are sharing and developing HNY partners' expertise in overseas recruitment across all health and care professions. We explored interest in HNY roles among dentists in Kerala, India, during our May 2023 recruitment fair, and established that there is significant potential. At present routes for internationally trained dentists to take up UK posts are not clear; we have the support of DHSC in exploring this further. A key need is to enable supervision for international dentists to begin to practice here under temporary registration whilst they secure the second part of their Overseas Registration Exam (ORE); emerging Centres of Dental Development will be designed to support this and once we have a CDD in place we hope to move forward with international recruitment pathways.
6	Scope whether it will be possible to fund places for training packages (for overseas recruitment)	Jason Atkinson / Rachel Baillie-Smith	in progress	Funding to support international recruitment and related training will be considered as part of the CDDs project, although as above it is likely that international recruitment will run as a second step following on from local training arrangements. The support of DHSC with international recruitment will be important.
7	Review flexible commissioning	Jason Atkinson / Deb Leadbetter	in progress	A Flexible Commissioning Working Group has been established and terms of reference are drafted. The first meeting of the group will take place on 13th October and includes commissioners from across Yorkshire and Humber, led by Humber and North Yorkshire LDN chair. There is a draft workplan in place and early steps have been taken to gather data on the flexible commissioning services already in operation, including child only sessions.
8	Audit child only contracts and draw up options for future commissioning intentions	Debbie Pattinson	in progress	Data regarding child only contracts is being compiled and will be considered by ICBs alongside options for future commissioning plans, which will take into consideration national, regional and local policies and guidance.

9	Consider commissioning plans for Level 2 sessions in practices	Jason Atkinson / Sally Eapen-Simon	in progress	Our Consultant in Dental Public Health led this accreditation for NHSE and would be happy to support this in Humber and North Yorkshire. The LDN chair is linked in with this work and has been identified as the lead. Colleagues in WY ICB are working to develop the Level 2 service model and will commission this for 12 months, with a full evaluation. We can learn from WY and look to do similar in Humber and North Yorkshire in those areas where need is identified.
10	ICB/LDC to help facilitate relationship building across practices and link in with PCNs, including development of ARRS roles	Deb Leadbetter / Helen Phillips	in progress	Mapping of PCNs and dental practices across York has been shared with providers in an aim to share information and link primary care services more effectively. Will continue to work with Place colleagues and identify opportunities for joint working, information sharing and pilot initiatives between dental practices and PCNs (e.g. PCN roles and dental professionals) to support access and preventative work. Initial discussions to pilot a model of integration, using PCN funding, within North Lincolnshire have taken place and plans to develop this further are underway, with a view to learning being shared across the ICB.